

TAF

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033097

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 179

FILED SEP 10 1963

## 1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wardell (Little River)

Length of stay in 1b 21 Yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. West Wardell

Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN Wardell

Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 1 Mi. West Wardell

Reside on Farm Yes ☒ No ☐

## 3. NAME OF DECEASED (Type or print)

First Middle Last Henry Paul (Buster) Till

4. DATE OF DEATH Month Day Year September 2, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/17/63

## 9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Portageville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Till

## 13b. MOTHER'S MAIDEN NAME

Florence Tanner

## 14. NAME OF HUSBAND OR WIFE

Nell Till

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Nell Till-Wardell, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH 3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary Heart Disease (ill defined)

5 years

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour . . . Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred about 12 Noon \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

## (Degree or title)

[Signature]

## 22b. ADDRESS

[Signature]

## 22c. DATE SIGNED

9-3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 4, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Wardell Memorial Cem.

## 23d. LOCATION (City, town, or county)

Wardell, Missouri (Rural)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

H.S. Smith F. Home-Caruthersville, Mo.

## 25. DATE RECD. BY LOCAL REG.

9-4-63

## 26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10780

20780

3

4 0

5 1

6

7 0

8 0

94201

10

11

1290-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 26 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. D. Dwyer, Jr.*

Licensed Embalmer No.

*4484*

P. O. Address

*Cantharville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.